

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled T-CELL EPITOPE PEPTIDES, the specification of which

is attached hereto.
 was filed on _____ as Application Serial No. _____
and was amended on _____
 was described and claimed in PCT International Application No. PCT/JP97/02031 filed on 12 JUNE 1997 and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

COUNTRY	APPLICATION NO.	FILING DATE	PRIORITY CLAIMED
JP	8/153527	14 JUNE 1996	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. SERIAL NO.	FILING DATE	STATUS
PCT/JP97/02031	12 JUNE 1997	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> Issued <input type="checkbox"/> Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Janis K. Fraser, Ph.D., J.D., Reg. No. 34,819; John W. Freeman, Reg. No. 29,066; J. Peter Fasse, Reg. No. 32,983; Y. Rocky Tsao, Reg. No. 34,053; Eldora L. Ellison, Ph.D., Reg. No. 39,967; Timothy A. French, Reg. No. 30,175; Anita L. Meiklejohn, Ph.D., Reg. No. 35,283; Gary L. Creason, Reg. No. 34,310.

Address all telephone calls to Janis K. Fraser, Ph.D., J.D. at telephone number 617/542-5070.

Address all correspondence to Janis K. Fraser, Ph.D., J.D., Fish & Richardson P.C., 225 Franklin Street, Boston, MA 02110-2804.

COMBINED DECLARATION AND POWER OF ATTORNEY CONTINUED

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Kohsuke Kino

Inventor's Signature: _____ Date: _____

Residence Address: Kanagawa, Japan

Citizen of: Japan

Post Office Address: c/o Meiji Institute of Health Science, 540, Naruda, Odawara-shi, Kanagawa 250 Japan

Full Name of Inventor: Kazuo Dairiki

Inventor's Signature: _____ Date: _____

Residence Address: Kanagawa, Japan

Citizen of: Japan

Post Office Address: c/o Meiji Institute of Health Science, 540, Naruda, Odawara-shi, Kanagawa 250 Japan